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Director and Health Officer

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COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
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BOARD OF SUPERVISORS

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April 3, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF DELEGATION OF DUTIES AND ASSIGNMENT OF RIGHTS OF
AGREEMENT NO. H-700340 WITH PARTNERS IN CARE FOUNDATION
FOR THE BLACK INFANT HEALTH PROGRAM
(District 5) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

- 1.) Approve and instruct the Director of Public Health, or his designee, to sign Amendment No. 2, Approval of Delegation of Duties and Assignment of Rights of Agreement No. H-700340 (Exhibit I), which assigns and delegates all contract rights and responsibilities from Public Health Foundation Enterprises, Inc. (PHFE) and First Missionary Baptist Church (FMBC) to Partners in Care Foundation (PICF) for the period of the date of Board of Supervisors' approval through June 30, 2007.
- 2.) Delegate authority to the Director of Public Health, or his designee, to extend the term of the Agreement for two 12-month automatic renewals at the same level of funding through June 30, 2009, contingent upon funding availability from the State Maternal and Child Health (MCH).

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS:

Public Health Foundation Enterprises, Inc. (PHFE) in partnership with First Missionary Baptist Church (FMBC) contracts with the Department of Public Health (DPH or Department) to provide Black Infant Health (BIH) Program services to pregnant and parenting African American

women, ages 18 years and older, infants, and children at-risk for poor birth or perinatal outcomes. The Department has received a letter from PHFE/FMBC requesting to transfer all rights and responsibilities to PICF effective immediately. PICF agreed to accept all contract rights and responsibilities from PHFE. Approval of the Delegation of Duties and Assignment of Rights (Delegation) with PICF will allow the DPH to continue BIH Program services in Service Planning Area (SPA) 1 – Antelope Valley.

Additionally, back in January 8, 2001, PICF was FMBC's fiscal/administrative intermediary for the initial BIH services agreement in SPA 1. PHFE/FMBC and PICF agree that transitioning the BIH Program back to the community would be a better fit and will result in an overall improvement to the BIH Program goals and objectives and particularly the clients served. The Department agrees that PICF has the appropriate background to oversee the BIH Program in SPA 1 – Antelope Valley.

FISCAL IMPACT/FINANCING:

The Delegation to PICF will continue at the same funding level with a total maximum County obligation of \$228,900 and is offset 100% by State Maternal and Child Health grant funds (Letter of Allocation No. 200419), with provision for two 12-month automatic renewals contingent upon final State funding allocation. Under this Amendment, the County's estimated maximum obligation for the period date of Board approval through June 30, 2007 to PICF is \$86,480. Funding is included in the DPH FY 2006-07 Adopted Budget and will be requested in subsequent fiscal years, if applicable.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

Since 1997, the Department has entered into agreements with agencies to continue the efforts to reduce African American infant mortality and its underlying causes through a comprehensive-based effort by assuring that at-risk pregnant and parenting African American women and their infants have access to quality MCH services.

On June 15, 2004, the Board approved six new agreements to continue the BIH Program services through June 30, 2007: 1) Great Beginnings for Black Babies; 2) The Children's Collective, Inc.; 3) Harbor/UCLA Research and Education; 4) Mission City Community Network; 5) Prototypes; and 6) Public Health Foundation Enterprises/First Missionary Baptist Church. On November 1, 2006, Amendment No.1 was approved to add Board mandated language.

The Grant Award No. 200419 for FYs 2004-05 through 2006-07 was approved by the Board on November 1, 2005.

On September 22, 2006, PHFE/FMBC notified the DPH of their intent to assign all contract rights to Partners in Care Foundation (PICF). On November 16, 2006, the Department received a letter from PICF accepting all contract rights from PHFE.

PICF is a non-profit organization whose mission is to change the shape of health care by bringing together innovators, providers and community-based organizations to create,

April 3, 2007

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implement and evaluate new ways of delivering care. Currently, PICF has a contract with the County of Los Angeles to provide Immunization Services and a Public/Private Partnership (PPP) contract to provide medical services to the indigent population.

County Counsel has reviewed Exhibit I as to use and form.

CONTRACTING PROCESS:

On March 8, 2004, DHS released a Request for Proposals (RFP) to agencies with interest and experience in providing BIH services under contract with the County. Six agencies were selected and awarded contracts to provide services from July 1, 2004 through June 30, 2007. PHFE/FMBC was one of the six agencies selected pursuant to the RFP.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

The Board's approval of the recommended actions will maintain the continuation of BIH services to African American pregnant and parenting women, infants from birth and their families in SPA 1 – Antelope Valley.

When approved, the Department requires three signed copies of the Board's action.

Respectfully submitted:



✓ Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

JEF:po
BL#00032 Assign&Delete PHFE PICF.doc

Attachments (1)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

ATTACHMENT A

SUMMARY OF AGREEMENT

1. TYPE OF SERVICE:

Black Infant Health (BIH) program services to pregnant and parenting African American women, ages 18 years and older, infants, and children at-risk for poor birth or perinatal outcomes.

2. AGENCY NAMES AND CONTACT PERSONS:

Public Health Foundation Enterprises, Inc.
13200 Crossroads Pkwy., North, Suite 135
City of Industry, CA 91746
Contact: Gerald R. Solomon
President and CEO
Telephone: (562) 699-7320
Fax: (562) 692-6950

Partners In Care Foundation
732 Mott Street, Suite 150
San Fernando, California 91340
Contact: James A. Cook
Chief Operating Officer
Telephone: (818) 837-3775
Fax: (818) 837-3799

3. TERM:

Date of Board approval through June 30, 2007 with provision for two 12 month automatic renewals at the same level of funding, contingent upon funding availability from the State, through June 30, 2009.

4. FINANCIAL INFORMATION:

The Delegation to PICF will continue at the same funding level with a total maximum County obligation of \$228,900 and is offset 100% by State Maternal and Child Health grant funds, with provision for two 12-month automatic renewals contingent upon final State funding allocation. Under this Amendment, the County's estimated maximum obligation for the period date of Board approval through June 30, 2007 to PICF is \$86,480. Funding is included in the DPH FY 2006-07 Adopted Budget and will be requested in subsequent fiscal years, if applicable.

5. GEOGRAPHIC AREA SERVED:

Antelope Valley.

6. ACCOUNTABLE FOR MONITORING AND EVALUATION:

John F. Schunhoff, Ph.D., Chief Deputy Director

7. APPROVALS:

Public Health:
Contracts and Grants Division:
County Counsel (as to form):

John F. Schunhoff, Ph.D., Chief Deputy Director
Gary T. Izumi, Chief
Robert Ragland, Deputy County Counsel

EXHIBIT I
Contract No. H-700340

APPROVAL OF DELEGATION OF DUTIES AND ASSIGNMENT
OF RIGHTS OF AGREEMENT

AMENDMENT NO. 2

THIS APPROVAL OF ASSIGNMENT OF RIGHTS AND DELEGATION OF DUTIES OF AGREEMENT is made and entered into this _____ day of _____, 2007,

by and between COUNTY OF LOS ANGELES (hereafter "County"),

and PUBLIC HEALTH FOUNDATION ENTERPRISES, INC./FIRST MISSIONARY BAPTIST CHURCH, (hereafter "Assignors")

and PARTNERS IN CARE FOUNDATION (hereafter "Assignee")

WHEREAS, on June 15, 2004, the County of Los Angeles and the PUBLIC HEALTH FOUNDATION ENTERPRISES/FIRST MISSIONARY BAPTIST CHURCH (PHFE/FMBC), assignors, entered into a Black Infant Health Program Services Agreement, further identified as Agreement No. H-700340 (hereafter "Agreement"); and

WHEREAS, Assignors, PHFE/FMBC, informed the County, in conjunction with the Partners In Care Foundation (PICF), that they would like to assign all rights and delegate the responsibilities under this Agreement to the PICF; and

NOW, THEREFORE, the parties hereto agree as follows:

1. All Contractor rights and responsibilities under Agreement previously afforded to Assignors, PHFE/FMBC, will now be assigned and delegated to Assignee, PICF; and are incorporated by reference into this amended Agreement. County consents to such change in duties and responsibilities.

2. Agreement Paragraph 1, TERM, 1st paragraph, shall be revised as follows:

"TERM: The term of this Agreement shall commence upon date of Board approval, and shall continue, unless sooner terminated or cancelled, in full force and effect to midnight June 30, 2007. Said Agreement shall thereafter be automatically renewed for two 12-month automatic renewals at the same level of funding through June 30, 2009, contingent upon funding availability from the State Maternal and Child Health, without further action by either party unless notice in writing of a party's intention not to so renew is given to the other party at least (30) calendar days in advance."

3. Agreement Paragraph 2, DESCRIPTION OF SERVICES, shall be amended to add the following:

"2. DESCRIPTION OF SERVICES: Contractor shall provide services to County in the manner and form as described in the body of this Agreement and in Exhibits A-3, A-4, A-5, and A-6, Scopes of Work, attached hereto and incorporated herein by reference."

4. Agreement Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, shall be amended to add the following:

"3. MAXIMUM OBLIGATION OF COUNTY: Contractor shall provide services in the maximum obligation as described in the body of this Agreement and in Schedules 3, 4 and 5, Budgets, attached hereto and incorporated herein by reference."

5. Agreement Paragraph 6, COMPENSATION, shall be revised as follows:

"6. COMPENSATION: County agrees to compensate Contractor for performing services hereunder for actual reimbursable net cost as set forth in Schedules 3, 4 and 5, and the BILLING AND PAYMENT Paragraph of the ADDITIONAL PROVISIONS of this Agreement."

6. Agreement Paragraph 7, CONFLICT OF TERMS, shall be revised as follows:

"7. CONFLICT OF TERMS: To the extent there exists any conflict between the language of this Agreement and that of any of the exhibit(s) and schedule(s) attached hereto, the language in this Agreement shall govern and prevail, and the remaining exhibit(s) and schedule(s) shall govern and prevail in the following order:

Exhibit A

Exhibits A-1, A-2, A-3, A-4, A-5, and A-6, Scopes of Work
Schedules 1, 2, 3, 4 and 5, Budgets"

7. Agreement Paragraph 15, CONTRACTOR'S OFFICE'S, shall be revised as follows:

"15. CONTRACTOR'S OFFICES: Contractor's primary business office is located at 732 Mott Street, Suite 150, San Fernando, California 91340. Contractor's primary business telephone number is (818) 837-3775 Ext. 108 and facsimile/FAX number is (818) 837-3799. Contractor shall notify, in writing, County's Department of Public Health, Contracts and Grants Division, of any change in its primary business address, business telephone number, and/or business facsimile/FAX number, at least ten (10) calendar days prior to the effective date thereof."

8. Agreement Subparagraphs A and B of Paragraph 16, NOTICES, shall be amended as follows:

"16. NOTICES:

A. Notices to County shall be addressed as follows:

(1) Department of Public Health
Contracts and Grants Division
313 North Figueroa Street, Sixth Floor-East
Los Angeles, California 90012

Attention: Chief, Contract Administration

(2) Department of Public Health
Public Health Administration
313 North Figueroa Street, Seventh Floor
Los Angeles, California 90012

Attention: Chief Deputy Director

(3) Department of Public Health
Maternal, Child and Adolescent Health
Programs
600 South Commonwealth Avenue, Suite 800
Los Angeles, California 90005

Attention: Director

B. Notices to Contractor shall be addressed as follows:

Partners In Care Foundation
732 Mott Street, Suite 150
San Fernando, California 91340

Attention: James A. Cook"

9. Additional Provisions, Paragraph 21, PROHIBITION AGAINST ASSIGNMENT AND DELEGATION, shall be replaced in its entirety to read as follows:

"21. PROHIBITION AGAINST ASSIGNMENT AND DELEGATION:

A. Contractor shall not assign its rights or delegate its duties under this Agreement, or both, whether in whole or in part, without the prior written consent of County. Any assignment or delegation which does not have such prior County consent shall be null and void. For purposes of this Paragraph, such County consent shall require a written amendment to this Agreement, which is formally approved and executed by the parties. Any billings to County by any approved assignee or delegatee on any claim under this Agreement, in consequence of such County consent, shall reduce dollar for dollar any claims which Contractor

may have against County and shall be subject to set-off, recoupment, or other reduction for any claims which County may have against Contractor, whether under this Agreement or otherwise.

B. Shareholders, partners, or both, (or other equity holders of Contractor) may assign, divest, exchange, sell, or otherwise transfer any interest they may have therein. However, in the event any such assignment, divestment, exchange, sale, or other transfer is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of this Agreement, then prior written consent of County Board of Supervisors shall be required.

Any payments by County to Contractor on any claim under this Agreement shall not waive or constitute such County consent, consent in any such assignment, divestment, exchange, sale, or other transfer shall be refused only if County, in its sole judgement, determines that the transferee(s) is(are) lacking in experience, capacity, or financial ability to perform all Agreement services and other work. This in no way limits any County right found elsewhere in this Agreement, including but not limited to, any right to terminate Agreement.

C. Any assumption, assignment, delegation, or takeover of any of Contractor's duties, responsibilities, obligations, or performance of same by any entity other than Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of this Agreement which may result in the termination of the Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor."

10. Any amounts due under Agreement No. H-700340 from County to the PHFE/FMBC for services which have not yet been paid, shall be paid to the Assignors, PHFE/FMBC.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Approval of Delegation and Assignment of Rights of Agreement No. 700340 to be subscribed by its Director of Public Health and Assignors, PHFE/FMBC,

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/

and Assignee, PICF, has caused the same to be subscribed in their behalf by their duly authorized officers, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____

Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

PUBLIC HEALTH FOUNDATION ENTERPRISES,
INC.

Assignor

By _____

Signature

Print Name

Title _____

(AFFIX CORPORATE SEAL)

FIRST MISSIONARY BAPTIST CHURCH

Assignor

By _____

Signature

Print Name

PARTNERS IN CARE FOUNDATION

Assignee

APPROVED AS TO FORM
BY THE OFFICE OF THE
COUNTY COUNSEL

RAYMOND G. FORTNER, JR.
COUNTY COUNSEL

By _____

Signature

APPROVED AS TO CONTRACT
ADMINISTRATION:

Print Name

Title _____

By _____
Gary T. Izumi, Chief
Contracts and Grants Division

PO:2/07BIH:ASSIGN&DELEPHFE.PICF

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2006 through JUNE 30, 2007

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

Goals:

1. Reduce African American infant mortality through comprehensive community-based efforts by assuring that at-risk pregnant and parenting women and their children up to two years of age have access to quality maternal and child health services.
2. Increase the number of African American women who receive prenatal care in the first trimester.
3. Reduce the number of African American infants who weigh less than 2,500 grams at birth.
4. Reduce the number of African American women who smoke, use alcohol, and/or non-prescription drugs during pregnancy.
5. Reduce the number of African American babies who die due to Sudden Infant Death Syndrome (SIDS).
6. Reduce African American maternal mortality.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
1.1 By June 30, 2007, the Contractor will conduct a community-based Black Infant Health (BIH) Program that supports, facilitates, and promotes culturally competent and better health care services for at-risk African American women (18 years of age and older) who are pregnant or parenting a child under 2 years of age.	<p>1.1a Maintain culturally competent staff to perform program services.</p> <p>The staff required to perform BIH services:</p> <p>Program Manager – Coordinate and oversee the implementation of the State BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) models, and the Data Collection System (BIH-MIS). Serve as the program liaison to DHS.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in health care or public administration, or a closely related field and three (3) years of highly responsible staff experience including the supervision of 5 or more employees.</p>	07/01/06 – 06/30/07 Hire by 08/01/06	<p>1.1a Maintain on file: current job descriptions; recruitment ads/bulletins/flyers; employment applications and supporting documents.</p>
	<p>A useful definition of cultural competence is: "Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."</p> <p>Characteristics that contribute to the "at-risk" status include, but is not limited to (1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal barriers, (4) pregnant/parenting women who require assistance in accessing and receiving MediCal and other required services due to systemic or</p>		<p>Hire by 08/01/06</p> <p>Community Health Outreach Workers – Provide care coordination services as outlined in the PCO curriculum, and assist with SSE.</p> <p>Minimum Requirement – High School diploma or GED and six (6) months experience working with the public or interacting with community groups</p>

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
personal barriers, and (5) women who have an inadequate support system.	<p>providing information.</p> <p>Health Educator – Facilitate the SSE curriculum and coordinate SSE effort with care coordination services.</p> <p>Minimum Requirement – A Bachelor's degree from an accredited college or university in Health Education, Ethnic Studies, Social Work, or a closely related field or Three (3) years of recent experience conducting group presentations and working with at-risk or high risk African American women.</p>	Hire by 08/01/06	
	<p>Data Clerk/Administrative Assistant – Perform BIH-MIS data entry and clerical support.</p> <p>Minimum Requirement – High School diploma or GED and one (1) year experience inputting significant amounts of data, and two (2) years experience performing general office duties including word processing, answering phones, and maintaining filing systems.</p>	Hire by 08/01/06	

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.1 By June 30, 2007, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated Maternal and Child Health (MCH) Federal Financial Participation (FFP) Program, and on the DHS Automated Time Study procedures.	<p>2.1a Staff and subcontractors will attend the State MCH FFP Program (Time Study) training.</p> <p>2.1b Staff and subcontractors will attend DHS Time Study Training, which includes training on the Automated Time Study software.</p>	As scheduled	<p>2.1a Maintain training certificates in employee and subcontractors' files.</p> <p>2.1b Maintain training certificates in employee and subcontractors' files.</p>
	<p><i>During the first contract term, DHS will coordinate Time Study training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors.</i></p>	07/01/06 – 06/30/07	<p>2.1c Maintain current State-DHS training outline on file. Maintain training certificates in employee and subcontractors' files.</p>
	<p>2.1d Staff and subcontractors will complete quarterly time study forms for August and November 2006, and February and May 2007. Submit original forms to DHS no later than the 5th working day of the month following the month the time study was conducted.</p>	09/08/06 12/07/06 03/07/07 06/07/07	<p>2.1d Maintain a copy of quarterly time study forms on file.</p>

Exhibit A-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2006 through JUNE 30, 2007

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.2 By June 30, 2007, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) model interventions, BIH-MIS, and other relevant training.	<p>2.2a Staff and subcontractors will attend the State BIH PCO, SSE, and Data System (BIH-MIS) trainings.</p> <p>2.2b Review and update the PCO, SSE, and BIH-MIS training outline. Submit training outline to DHS for approval.</p>	<p>As scheduled</p> <p>07/15/06</p>	<p>2.2a Maintain training certificates in employee and subcontractors' files.</p> <p>2.2b Maintain training outline and DHS approval on file.</p>
<i>During the first contract term, DHS will coordinate PCO and SSE training with the State BIH Program Office, and will coordinate BIH-MIS training with the San Diego State University (SDSU) BIH Evaluation Team. Thereafter, the Contractor is responsible for training all staff and subcontractors to implement PCO and SSE, and to perform data system activities.</i>	<p>2.2c To train staff and subcontractors that do not attend the State BIH trainings, use the DHS-approved PCO, SSE, and BIH-MIS training outline. The Contractor will conduct and complete training for staff and subcontractors within the first sixty (60) days of their employment.</p> <p>2.2d Provide staff and subcontractors training on perinatal health issues and other topics that will improve their knowledge and ability to perform program services competently. Training topics include, but are not limited to, those identified in the State PCO curriculum.</p>	<p>08/01/06 – 06/30/07</p> <p>07/01/06 – 06/30/07</p>	<p>2.2c Maintain training certificates in employee and subcontractors' files.</p> <p>2.2d Maintain training documentation in employee and subcontractors' files.</p>

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.3 By June 30, 2007, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the DHS Kicks Count Program and the DHS Techniques to Document Well Baby Visits and Immunizations.	<p>2.3a Staff and subcontractors will attend the DHS Kicks Count Education Program training.</p> <p>2.3b To train staff and subcontractors that do not attend the DHS training, the Contractor will use the DHS Kicks Count training outline to train staff and subcontractors within the first sixty (60) days of their employment.</p> <p><i>During the first contract term, DHS will conduct the Kicks Count Program and Techniques to Document Well Baby Visits and Immunizations trainings. Thereafter, the Contractor is responsible for training all staff and subcontractors performing PCO and SSE services.</i></p>	As scheduled 07/01/06 – 06/30/07	<p>2.3a Maintain training certificates in employee and subcontractors' files.</p> <p>2.3b Maintain current DHS training outline on file. Maintain training certificates in employee and subcontractors' files.</p>
3.1 By June 30, 2007, the Contractor will increase awareness about African American infant mortality and BIH Program services by conducting culturally competent street-based community education in the target area	<p>3.1a Review and update the community education contacts protocol. Submit protocol to DHS for approval.</p> <p>3.1b Update the resource directory/library and</p>	As scheduled 07/01/06 – 06/30/07	<p>3.1a Maintain community education contacts protocol and DHS approval on file.</p> <p>3.1b Maintain an up-to-date resource</p>

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
and document 251 (minimum) community contacts.	referral form(s) for staff and subcontractors to use for referral activities.	07/01/06 – 06/30/07	directory/library and referral forms on file.
A community education contact is defined as speaking face-to-face with someone, or to a group of people, to inform them about African American infant mortality issues impacting the service area, and to identify African American women who are eligible for BIH services.	3.1c Develop or use existing culturally appropriate flyers/literature to disseminate during community education activities. Submit created and existing materials to DHS for approval 30 days prior to intended use.	07/01/06 – 06/30/07	3.1c Maintain materials and DHS approval(s) on file.
Target area - Antelope Valley: 93334, 933535, 933543, 933550, 933551, 933552, and 933591	3.1d Schedule staff to conduct community education contacts in the target area. Staff and subcontractor itineraries must have a date, time, site name, zip code where the community education contact was made, and include a staff or subcontractor signature.	07/01/06 – 06/30/07	3.1d Maintain itineraries on file.
	3.1e Conduct community education contacts following the PCO curriculum and document activities. To validate (count) the contact, a completed Outreach Contact	07/01/06 – 06/30/07	3.1e Maintain an Outreach Activities Binder (organized by fiscal year and month) that contains completed Outreach Contact forms; Client Screening Instrument forms completed

Exhibit A-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2006 through JUNE 30, 2007

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>form must have at a minimum: a person's last name, first initial or name, residence zip code, phone number, date of contact, site name, zip code, and include the name of the staff or subcontractor making the contact. If contact was made with a potential client, also complete a CSI form. If contact was made at an event, also have a completed activity/event sign-in sheet and summary sheet. Submit activity/event summary sheet to DHS with the monthly report. The Contractor may use a copy of the Outreach Contact form found in the data forms book (Greenbook), or can develop an Outreach Contact form for field use. The Contractor can only make a copy of the CSI form because changes cannot be made to the State CSI form.</p>		<p>for women not enrolled in PCO; activity/event sign-in sheets and summary sheets. In monthly reports, document the number of activity/events conducted and the number of community education contacts.</p>

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
4.1 By June 30, 2007, the Contractor will provide care coordination services to 74 (minimum) women enrolled in PCO.	<p>4.1a Review and update the care coordination protocol. Submit protocol to DHS for approval.</p> <p>4.1b Enroll women in PCO who meet program eligibility requirements (see total score and service decision on the CSI form). Submit a fiscal year-to-date BIH-MIS Caseload Report to DHS with the monthly report.</p> <ul style="list-style-type: none"> A) CHOWs transfer the data on the Outreach Contact form onto the Outreach Contact form found in the greenbook, fill in any missing data, and file the original in the Outreach Activities Binder. B) CHOWs transfer the data from the copy of the CSI onto the CSI form found in the greenbook, and file the copy of the CSI in the client's file. C) Using the client's greenbook, the Data Clerk enters the new client's data into the BIH-MIS and obtains a BIH-MIS case number. 	08/01/06 / 07/01/06 – 06/30/07	<p>4.1a Maintain care coordination protocol and DHS approval on file.</p> <p>4.1b Maintain Outreach Contact forms in the Outreach Activities Binder and file the copy of the CSI in the clients' files. Maintain the client's greenbook data in the BIH-MIS.</p>
			<p>4.1c Open a client file. Client files must be arranged in the same order and contain all administrative forms sited in the PCO curriculum. All files must have up-to-date documentation of interactions with the client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also, maintain a list of incentives distributed to the clients, and a list of health education topics discussed with the client</p>

Exhibit A-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2006 through JUNE 30, 2007

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
4.2 By June 30, 2007, the Contractor will ensure all BIH staff and subcontractors implementing program services, provide follow-up services.	<p>and signed-off by a staff/subcontractor signature and date. The Contractor must use file folders that can maintain the file's contents securely.</p> <p>4.2a Train staff and subcontractors to conduct one-on-one health education about topics that will be discussed with a client throughout participation in BIH.</p>	07/01/06 – 06/30/07	4.2a Maintain training documentation in employee and subcontractors' files.
	<p>4.2b Staff and subcontractors will conduct follow-up services to ensure clients have access to perinatal, post-partum, well baby care, immunizations, and other services deemed essential and appropriate for the health and welfare of the clients (mother, index child, and other family members). Follow-up services include, but are not limited to: developing a care plan; making home visits; making referrals; conducting one-on-one health education; writing progress notes; completing client data forms; distributing incentives; participating in case conferences; coordinating other client-centered activities.</p>	07/01/06 – 06/30/07	4.2b Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document follow-up services in the client files.
	<p>4.2c Staff and subcontractors will initiate the Kicks Count Education Program with pregnant clients at 28 weeks of pregnancy. In collaboration with the prenatal provider, the client will be educated on fetal</p>	07/01/06 – 06/30/07	4.2c Maintain a copy of the Kicks Count Prenatal Care Provider letter, a copy of the client's 30-weeks, 34-weeks, and 38-weeks Kick Count diaries, and applicable progress notes in the client's file.

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	movement monitoring, and trained to complete Kicks Count diaries.	07/01/06 – 06/30/07	4.2d Maintain in the client's file applicable progress notes, and record immunization data in the greenbook.
5.1 By June 30, 2007, the Contractor will conduct SSE classes and graduate 17 (minimum) clients.	<p>5.1a Review and update the SSE care coordination protocol. Submit protocol to DHS for approval.</p> <p>5.1b Enroll PCO clients who are at moderate risk (based on a mid-range service decision score) in SSE.</p> <ul style="list-style-type: none"> A) Using the client's completed SSE forms, the SSE Facilitator transfers the data to the SSE pages of the client's greenbook. B) Using the SSE-client's greenbook data, the Data Clerk enters the SSE data into the BIH-MIS. <p>5.1c Choose a section of the client's care coordination file to maintain SSE</p>	<p>09/01/06</p> <p>07/01/06 – 06/30/07</p> <p>07/01/06 – 06/30/07</p>	<p>5.1a Maintain SSE care coordination protocol and DHS approval on file.</p> <p>5.1b Maintain on file a SSE class roster for each SSE class series, and sign-in sheets for each SSE class session. Maintain the SSE-client's greenbook data in the BIH-MIS.</p> <p>5.1c Maintain client files (permanent and/or temporary) in locked cabinets and ensure all</p>

Exhibit A-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2006 through JUNE 30, 2007

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>Information. SSE-client papers must be arranged in the same order and contain all administrative forms listed in the SSE curriculum. SSE files must have up-to-date documentation of interactions with the SSE client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also in the SSE section of the client's file, maintain a list of SSE incentives distributed to the clients. The Contractor must use file folders that can maintain the SSE papers securely.</p> <p>A) For ease in accessing SSE client information, the SSE Facilitator may elect to maintain SSE client data in a <u>temporary separate client file while a SSE class series is in session, as long as the client is enrolled in the class series.</u> Upon graduating, or when the client is no longer participating in the current class series, all of the client's SSE forms must be placed in the care coordination file.</p>		SSE-client files and SSE BIH-MIS data is made available upon request by State BIH personnel and/or authorized DHS BIH staff. At the annual program review SSE-client files will be reviewed.

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
5.2 By June 30, 2007, the Contractor will ensure the SSE-client receives follow-up services.	<p>5.2a The SSE Facilitator will conduct follow-up SSE services to ensure clients are empowered through positive group support to make healthy lifestyle choices. Follow-up services include, but are not limited to: conducting SSE classes; collaborating with the client's CHOW to update the care plan; making a home visit; making referrals; writing SSE progress notes; completing SSE client data forms; distributing incentives; participating in case conferences; conducting other group health education forums; coordinating other client-centered activities.</p>	07/01/06 – 06/30/07	<p>5.2a Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document SSE follow-up services in the SSE section of the client's greenbook and file.</p>
	<p>5.2b Participate in the DHS SSE Observations Visit(s).</p> <p>A) MCAH will conduct annual observation visit(s) to assess the delivery of SSE classes to clients.</p>	07/01/06 – 06/30/07	<p>5.2b Maintain DHS SSE Observation Visit Evaluation(s) on file.</p>

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
6.1 By June 30, 2007, the Contractor will enter client data into the BIH-MIS.	6.1a The Contractor will install all necessary computer equipment.	07/15/06	6.1a At the BIH Program site, the Contractor has computer equipment that meets the State BIH-MIS specifications.
	6.1b The Contractor will install the State BIH-MIS software.	07/15/06	6.1b The software is installed.
	6.1c Review and update the data collection-data entry protocol. Submit protocol to DHS for approval.	09/01/06	6.1c Maintain data collection-data entry protocol and DHS approval on file.
	6.1d Input, update, and maintain client data in the State BIH-MIS.	07/01/06 – 06/30/07	6.1d Client data is successfully uploaded electronically each month to the SDSU Evaluation Team. At the annual program review a client's MIS data will be compared to the data found in the client's file.
	6.1e As specified by DHS, no later than the 15 th of each month submit BIH-MIS data reports along with the monthly report and invoice.	08/15/06 – 06/30/07	6.1e The DHS Contractor's Monthly Report and Invoice Log.

Exhibit A-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2006 through JUNE 30, 2007

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
7.1 By June 30, 2007, the Contractor will develop a BIH program objective that clearly expands efforts to improve the health and well being of the clients' family.	7.1a Designated staff and/or subcontractors will attend the DHS Perinatal Periods of Risk (PPOR) trainings and/or meetings. 7.1b Implement the DHS-approved PPOR program objective.	As scheduled 07/01/06 – 06/30/07	7.1a Maintain training certificates in employee and subcontractors' files. 7.1b Maintain Objective 7 documentation and DHS approval on file.

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
8.1 By June 30, 2007, the Contractor will convene meetings with the BIH Community Advisory Board to obtain input and support for program activities, and to develop strategies to improve African American birth outcomes in the target area.	<p>8.1a The Contractor will identify and solicit a cross-section of community members to serve on the Community Advisory Board.</p> <p>8.1b The Contractor will select up to 21, but no fewer than 13, community members to serve on the BIH Community Advisory Board.</p> <p><i>For the State MCH annual report, DHS will give the Contractor a Committee Membership Form (Form 8) to complete and return to DHS by June 15, 2006.</i></p>	08/01/06 09/01/06	<p>8.1a Maintain letters of solicitation on file.</p> <p>8.1b Maintain on file a current roster of board members.</p>
	<p>8.1c Hold quarterly (minimum) Community Advisory Board meetings.</p>	07/01/06 – 06/30/07	<p>8.1c Maintain Community Advisory Board meeting notices, agendas, and minutes on file.</p>
9.1 By June 30, 2007, the Contractor will conduct a culturally specific public awareness campaign to inform and to educate the community about the importance for early access into, and maintenance of prenatal care.	9.1a In collaboration with the Community Advisory Board, the Contractor will review and update the 2004-05 campaign or develop a new First Trimester Enrollment Campaign. Campaign activities should include at least two (2) of the following activities: health fair; PSA; community meeting/event; flyer distribution. Submit campaign activity plans to DHS for approval at least 60 days prior to implementation.	By 10/01/06	<p>9.1a Maintain Community Advisory Board meeting notices, agendas and minutes that document planning efforts. Maintain a copy of the First Trimester Enrollment Campaign plans and DHS approval on file.</p>

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>9.1b Conduct First Trimester Enrollment Campaign activities. If applicable, complete activity/event sign-in sheet(s) and summary sheet(s). Submit activity/event summary sheet(s) to DHS with the monthly report.</p> <p>9.1c As a result of the campaign, enroll women in PCO who meet program eligibility requirements.</p>	10/01/06 – 06/30/07	<p>9.1b Maintain activity/event sign-in sheets and summary sheets in the Outreach Activities Binder.</p> <p>9.1c See Method(s) of Evaluation 4.1b</p>
10.1 By June 30, 2007, the Contractor will conduct one (1) <i>Celebrate Healthy Babies</i> (CHB) event to celebrate BIH clients' successes and to mobilize the community around the issue of African American infant mortality.	<p>10.1a In collaboration with the Community Advisory Board, the Contractor will plan and publicize the <i>Celebrate Healthy Babies</i> event. Submit the CHB plan and publicity (PSA; flyers; print articles; etc.) to DHS for approval at least 90 days prior to a needed approval for the event.</p> <p>BIH Program funding cannot be used to purchase food for this event or for any BIH program activities.</p>	07/01/06 – 06/30/07	<p>10.1a Maintain Community Advisory Board meeting notices, agendas, and minutes that document planning efforts. Maintain the <i>Celebrate Healthy Babies</i> plan, publicity, and DHS approval on file.</p>
11.1 By June 30, 2007, the Contractor will educate pregnant clients on the causes of low birth weight.	<p>11.1a Develop or use existing educational materials to educate pregnant clients about the signs, symptoms, and causes (premature birth; drugs, alcohol, and tobacco use) of low birth weight. Submit created and existing educational materials to DHS for approval 30 days prior to intended use.</p> <p>11.1b On the list of health education topics, include the causes of low birth weight</p>	07/01/06 – 06/30/07	<p>11.1a Maintain materials and DHS approval(s) on file.</p> <p>11.1b Maintain list of health education topics in client files.</p>

Exhibit A-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2006 through JUNE 30, 2007

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIME LINE	METHOD(S) OF EVALUATION
12.1 By June 30, 2007, the Contractor will refer BIH clients who use illicit substances, alcohol, and/or tobacco products to appropriate treatment programs.	<p>12.1a Provide staff and subcontractors training to identify clients who use alcohol, illicit substances, and or tobacco products.</p> <p>12.1b Develop or use existing perinatal-related alcohol, illicit drugs, and tobacco products educational materials to distribute to clients. Submit created and existing materials to DHS for approval 30 days prior to intended use.</p> <p>12.1c Identify treatment programs and develop Memorandums of Understanding (MOU).</p> <p>12.1d Staff and subcontractors will make appropriate referrals for clients in need of treatment services. Document referrals and final referral results in the greenbook on the Client Referral Tracking pages.</p> <p>12.1e Monitor the client's efforts to eliminate or reduce the risky behavior, and provide positive reinforcement to encourage and support the client. Supply the client with appropriate health education material and make applicable progress note entries.</p>	<p>07/01/06 – 06/30/07</p>	<p>12.1a Maintain training documentation in employee and subcontractors' files.</p> <p>12.1b Maintain materials and DHS approval(s) on file.</p> <p>12.1c Maintain Memorandums of Understanding on file.</p> <p>12.1d At the annual program review client files will be reviewed.</p> <p>12.1e At the annual program review client files will be reviewed.</p>

Exhibit A-3

**BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2006 through JUNE 30, 2007**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
13.1 By June 30, 2007, the Contractor in conjunction with the California SIDS Program, will educate clients and their families about SIDS deaths in the African American community, and about the strategies that may prevent SIDS.	<p>13.1a Review and update the SIDS Education form and literature. Submit the SIDS form and materials to DHS for approval.</p> <p>13.1b Conduct one-on-one SIDS education with clients at the following times: 8th month of pregnancy; within two (2) weeks after the baby's birth; at the mother-infant 6-month follow-up home visit.</p> <p>13.1c Within two (2) weeks after the baby's birth, staff or subcontractor will make a home visit to observe the newborn's sleeping position and sleeping area and provide the mother with appropriate feedback to reinforce the SIDS message.</p>	08/01/06	<p>13.1a Maintain the SIDS Education form, educational materials, and DHS approval on file.</p> <p>13.1b Maintain an up-to-date SIDS Education form in the client's file.</p> <p>13.1c Maintain documentation of the observations and feedback on the SIDS Education form.</p>
14.1 By June 30, 2007, the Contractor will implement a Quality Improvement Plan (QIP) process for continually assessing the program's effectiveness in accomplishing the BIH mission, goals, and objectives.	14.1a Review and update the QIP and submit to DHS for approval. The QIP shall include the following components: Quality Improvement Committee, Written Policies and Procedures, Client Feedback, Program Staff, Measurable Program/Service Quality Indicators, QIP Implementation, and QI Summary Reports. The QIP shall include the requirement for two (2) QI summary reports due mid-year and annually. These	10/01/06 – 06/30/07	<p>14.1a Maintain QIP and DHS approval on file.</p> <p>Maintain QI Committee documentation, written policies and procedures, Mid-Year, and Annual QI Summary Reports on file and make available at the annual program review.</p>

Exhibit A-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2006 through JUNE 30, 2007

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>reports shall be developed by the QI Committee and signed by the Executive Director. The following reports shall be created:</p> <ul style="list-style-type: none"> A) Mid-Year QI Summary Report – Document areas of concern identified by the QI Committee; program performance indicators; results of process and outcome measures; data collected from client feedback; plans of corrective action. B) Annual QI Summary Report – Document outcomes of implementing plans of correction action; overall QI process performance. 	<p>12/15/06</p> <p>06/15/07</p>	
15.1 Throughout the term of this agreement, maintain effective communication and program coordination with DHS to maximize program efforts and to ensure continuity in the countywide BIH Program.	<p>15.1a Attend the monthly DHS BIH Team Meeting, and host one (1) of these meetings. Required attendees at the DHS BIH Team Meetings: Program Manager, SSE Facilitator, (1) CHOW.</p> <p>15.1b Participate in other State BIH and/or DHS BIH meetings and activities.</p>	<p>07/01/06 – 06/30/07</p> <p>As scheduled</p>	<p>15.1a Meeting sign-in sheets.</p> <p>15.1b Meeting sign-in sheets.</p>

SCHEDULE 3

PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.
FIRST MISSIONARY BAPTIST CHURCH
BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY

Budget Period

July 1, 2006
through
June 30, 2007

Full-Time Salaries	\$149,236
Employee Benefits @ 28.83%	<u>43,025</u>
Total Full-Time Salaries and Employee Benefits	\$192,261
Part-Time Salaries	\$ 1,815
Employee Benefits @	\$ <u>-0-</u>
Total Part-Time Salaries and Employee Benefits	\$ 1,815
Total Salaries and Employee Benefits	\$194,076
Operating Expenses	\$ 19,719
Equipment	\$ -0-
Rent	\$ -0-
Subcontracts	\$ -0-
Indirect Cost @ 10% of Salaries	<u>\$ 15,105</u>
TOTAL PROGRAM BUDGET	\$228,900

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

EXHIBIT A-4

PARTNERS IN CARE FOUNDATION

**BLACK INFANT HEALTH PROGRAM SERVICES
IN LOS ANGELES COUNTY**

1. **DEFINITION:** The Black Infant Health Program Services are comprehensive programs that promote access to quality maternal and child health services, healthy lifestyles to pregnant and/or parenting African-American women, and reduce infant mortality in Los Angeles County. These services are provided utilizing: 1) the Prenatal Care Outreach Intervention model which supports aggressive community education regarding maternal and infant health topics, enrollment of eligible women into care coordination services, and referral to other County home visitation programs; 2) the Social Support and Empowerment Intervention model which provides clients with support, advocacy and assistance in order to live a more empowered life; and 3) the use of the State Black Infant Health Management Information System (BIH-MIS) that allows for the collection and storage of client data for tracking and program evaluation.

2. **PERSONS TO BE SERVED:** Contractor shall provide services, in targeted zip codes, to pregnant and parenting African American women, ages 18 years and older, infants, and children at-risk for poor birth or perinatal outcomes. Targeted for Black Infant Health (BIH) Program services are 1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight

and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal reasons, pregnant/parenting women who require assistance in accessing and receiving Medi-Cal and other required services due to systemic or personal barriers, and (4) women who have an inadequate support system (in accordance with Scopes of Work, attached hereto and incorporated herein by reference).

3. SERVICE DELIVERY SITE(S): Contractor's facility where services are to be provided hereunder is located at:

1122 West Avenue L12, Lancaster, CA 93550. Contractor shall request approval from Maternal, Child, and Adolescent Health Programs (hereafter "MCAH") in writing a minimum of thirty (30) days before terminating services at such location(s) and/or before commencing services at any other location(s).

4. COUNTY'S MAXIMUM OBLIGATION: During the period upon date of Board approval through June 30, 2007, that portion of County's maximum obligation which is allocated under this Exhibit for BIH services shall not exceed Two Hundred Twenty Eight Thousand, Nine Hundred Dollars (\$228,900).

5. COMPENSATION:

A. County shall compensate Contractor for performing services hereunder for actual reimbursable net cost basis as set forth in Schedules, attached hereto and incorporated herein by reference.

B. Contractor shall be compensated for participating in

projected date of implementation. For the purposes of this Agreement, educational materials shall include, but are not limited to, written materials (e.g., curricula, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings).

D. Failure of Contractor to abide by this requirement may result in the suspension of this Agreement at the Director's sole discretion.

E. Contractor shall utilize funds received from County for the sole purpose of providing BIH Program services.

F. Contractor shall maintain separate financial accounts of funds received from County.

7. STAFFING REQUIREMENTS:

A. Contractor shall recruit linguistically and culturally appropriate staff. For the purposes of this Agreement, staff shall be defined as paid and volunteer individuals providing services as described in Scopes of Work, attached hereto and incorporated herein by reference.

B. Contractor shall maintain recruitment records, including, but not limited to: 1) job description of all positions funded under this agreement; 2) staff résumé(s); 3) appropriate degrees and licenses; and 4) biographical sketch(es) as appropriate.

In accordance with the ADDITIONAL PROVISION attached hereto and

incorporated herein by reference, if during the term of this Agreement an executive director, program director, or a supervisory position becomes vacant, Contractor shall notify the DPH's authorized designee in writing prior to filling said vacancy.

8. STAFF DEVELOPMENT AND TRAINING: Contractor shall conduct ongoing and appropriate staff development and training as described in Scopes of Work, attached hereto and incorporated herein by reference.

A. Contractor shall provide and/or allow access to ongoing staff development and training of BIH Program staff.

Contractor shall maintain documentation of staff training in each employee file that includes, but is not limited to: 1) date, time, and location of staff training; 2) name of trainer and title, training topic(s); 3) and name of attendees and title.

9. BIH PROGRAM MANAGEMENT INFORMATION SYSTEM: Contractor shall enter data on program participants into the BIH Management Information System (BIH-MIS) for client tracking and program evaluation. Client data is collected daily, entered weekly, at a minimum, and uploaded monthly to the Branaugh Information Group (BIG) BIH Evaluation Team. BIH-MIS technical assistance is provided by BIG. Contractor is required to use the BIH-MIS.

10. PROPRIETARY CONSIDERATIONS:

A. County and Contractor agree that aggregated, non-identifying client data and other materials and information developed and/or modified under this Agreement may be used by

either Contractor or County both during and subsequent to the term of this Agreement.

B. County and Contractor agree to protect the security of all data, materials, and information developed and or produced under this Agreement. Further, County and Contractor agree to use best efforts to protect all such data, materials, and information from loss or damage by any cause, including, but not limited to fire and theft.

11. REPORTS: Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Agreement attached hereto, Contractor shall submit monthly reports to MCAH no later than fifteen (15) days after the end of each calendar month. Monthly reports shall clearly reflect all required information as specified on the monthly report form provided by MCAH.

A. Quarterly Reports: Contractor shall submit to MCAH a quarterly report within the time period as directed by the County MCH Program for each quarter. Quarterly reports shall include all the required information and be completed in the correct format.

B. Semi-Annual Report: Contractor shall submit to MCAH a semi-annual report within the time period as directed by the County MCH Program for each year. Semi-annual reports shall include all the required information and be completed in the correct format.

C. Annual Report: Contractor shall submit to MCAH an annual report within the time period as directed for each year.

Annual reports shall include all the required information and be completed in the correct format.

12. ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or provision of services hereunder, and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, subcontractor staff and consultant providing face-to-face client services hereunder. Such tuberculosis screening shall consist of tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.

13. QUALITY IMPROVEMENT: Contractor shall develop and submit to MCAH within ninety (90) days of the execution of this Agreement its written Quality Improvement Plan (QIP). The QIP shall describe the process for continually assessing the Contractor's program effectiveness in accomplishing the BIH mission, goals, and objectives. The QIP shall include the following components: QIP Committee, Written Policies and Procedures, Client Feedback, Program Staff, Measurable Program/Service Quality Indicators, QIP Implementation, and Quality Assessment and Management Reports.

A. Quality Improvement Committee - The QIP Committee shall develop, review, and revise the QIP on an annual basis. In addition, the QIP Committee shall continually assess and make recommendations regarding the improvement of program services, and for developing plans of corrective action for identified program deficiencies. The Committee shall discuss and act on

process and outcome data results, and client feedback. The QIP Committee shall consist of representatives from the: contractor; BIH clients, volunteers, program staff, and community advisory board. The Program Manager under this contract must be included as a QIP Committee member. Committee membership shall be described, at a minimum, by title and role, and the constituency represented (i.e., staff, client, board member). The Contractor shall review the Committee recommendations and ensure recommendations are appropriately implemented. The QIP Committee activities shall be documented and shall include, but are not limited to, agendas, sign-in sheets, and meeting minutes that include date, time, topics discussed, recommendations, and corrective actions. Documentation shall be made available at the time of the annual review.

B. Written Policies and Procedures - The QIP shall describe the process for reviewing and modifying written policies and procedures. In addition, the plan shall specify that policies be reviewed at a minimum of once a year, approved and signed by the Executive Director and Program Manager. Policies and procedures shall be based on essential program activities and the scope of work specific to this contract. Written policies and procedures shall be maintained on file and made available at the annual program review.

C. Client Feedback: The QIP shall include a written survey for client feedback regarding program effectiveness, accessibility, and client satisfaction. Describe the method(s)

to be used to obtain client feedback. Client feedback shall be collected annually. Describe how client feedback data will be managed by the QIP Committee and used to make improvements to the program.

D. Program Staff: The QIP shall describe the process for developing, training and monitoring staff performance. The QIP shall specify that staff is evaluated annually.

E. Measurable Program/Service Quality Indicators:

Indicators are intended to measure 1) Process - How well the services are being provided, or 2) Outcome - The benefits and/or other results that clients experience during/after program participation. By developing a set of indicators, establishing a measurable minimum standard for each indicator, and conducting an assessment on the extent to which the indicator is achieved, the Contractor shall be able to assess the quality of service delivery on an on-going basis. Process and outcome indicators shall be developed based on key activities described in the scope of work. The QIP Committee is responsible for developing a plan of corrective action to address indicators that are marginally achieved, and for describing how the results of the measurable data will be used to improve services. The QIP shall require measurement of, and include at a minimum, the measurable program indicators/outcomes described in the scopes of work.

F. QIP Implementation: Contractor shall implement its QIP to ensure the quality of the services provided are assessed and improved on a continuous basis.

G. QIP Summary Reports: The QIP shall include the requirement for two (2) brief and concise QIP summary reports due December 15 (Mid-Year) and June 15 (Annual). These reports shall be developed by the QIP Committee and signed by the Executive Director. The following reports shall be made available to the County at the time of the annual program review:

- (1) The Mid-Year QIP Summary Report which shall, at a minimum, document: areas of concern identified by the QIP Committee (i.e., program performance, results of process and outcome measures, data collected from client feedback, and results of plans of corrective action); and
- (2) The Annual QIP Summary Report which shall, at minimum, document outcomes of implementing plans of corrective action for the previous six months and overall QIP program performance.

BH
03/14/07

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

Goals:

1. Reduce African American infant mortality through comprehensive community-based efforts by assuring that at-risk pregnant and parenting women and their children up to two years of age have access to quality maternal and child health services.
2. Increase the number of African American women who receive prenatal care in the first trimester.
3. Reduce the number of African American infants who weigh less than 2,500 grams at birth.
4. Reduce the number of African American women who smoke, use alcohol, and/or non-prescription drugs during pregnancy.
5. Reduce the number of African American babies who die due to Sudden Infant Death Syndrome (SIDS).
6. Reduce African American maternal mortality.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
1.1 By June 30, 2008, the Contractor will conduct a community-based Black Infant Health (BIH) Program that supports, facilitates, and promotes culturally competent and better health care services for at-risk African American women (18 years of age and older) who are pregnant or parenting a child under 2 years of age.	<p>1.1a Maintain culturally competent staff to perform program services.</p> <p>The staff required to perform BIH services:</p> <p>Program Manager – Coordinate and oversee the implementation of the State BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) models, and the Data Collection System (BIH-MIS). Serve as the program liaison to DPH.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in health care or public administration, or a closely related field and three (3) years of highly responsible staff experience including the supervision of 5 or more employees.</p>	07/01/07 – 06/30/08 Hire by 08/01/07	1.1a Maintain on file: current job descriptions; recruitment ads/bulletins/flyers; employment applications and supporting documents.
	<p>A useful definition of cultural competence is: "Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."</p> <p>Characteristics that contribute to the "at-risk" status include, but is not limited to (1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal barriers, (4) pregnant/parenting women who require assistance in accessing and receiving Medi-Cal and other required services due to systemic or personal barriers, and (5) women who have an inadequate support system.</p>		<p>Community Health Outreach Workers – Provide care coordination services as outlined in the PCO curriculum, and assist with SSE.</p> <p>Minimum Requirement – High School diploma or GED and six (6) months experience working with the public or interacting with community groups providing information.</p>

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p><u>Health Educator</u> – Facilitate the SSE curriculum and coordinate SSE effort with care coordination services.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in Health Education, Ethnic Studies, Social Work, or a closely related field or Three (3) years of recent experience conducting group presentations and working with at-risk or high risk African American women.</p>	Hire by 08/01/07	
	<p><u>Data Clerk/Administrative Assistant</u> – Perform BIH-MIS data entry and clerical support.</p> <p>Minimum Requirement – High School diploma or GED and one (1) year experience inputting significant amounts of data, and two (2) years experience performing general office duties including word processing, answering phones, and maintaining filing systems.</p>	Hire by 08/01/07	

Exhibit A-5

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.1 By June 30, 2008, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated	2.1a Staff and subcontractors will attend the State MCH FFP Program (Time Study) training. 2.1b Staff and subcontractors will attend DPH Time Study Training, which includes training on the Automated Time Study software.	As scheduled	2.1a Maintain training certificates in employee and subcontractors' files. 2.1b Maintain training certificates in employee and subcontractors' files.
Maternal and Child Health (MCH) Federal Financial Participation (FFP) Program, and on the DPH Automated Time Study procedures.	During the first contract term, DPH will coordinate Time Study training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors.	As scheduled	2.1c Maintain current State-DPH training outline on file. Maintain training certificates in employee and subcontractors' files.
	2.1d Staff and subcontractors will complete quarterly time study forms for August and November 2007, and February and May 2008. Submit original forms to DPH no later than the 5 th working day of the month following the month the time study was conducted.	07/01/07 – 06/30/08	2.1d Maintain a copy of quarterly time study forms on file.
		09/08/07 12/07/07 03/07/08 06/07/08	

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.2 By June 30, 2008, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) model interventions, BIH-MIS, and other relevant training.	<p>2.2a Staff and subcontractors will attend the State BIH PCO, SSE, and Data System (BIH-MIS) trainings.</p> <p>2.2b Review and update the PCO, SSE, and BIH-MIS training outline. Submit training outline to DPH for approval.</p> <p>2.2c Train staff and subcontractors that do not attend the State BIH trainings, use the DPH-approved PCO, SSE, and BIH-MIS training outline. The Contractor will conduct and complete training for staff and subcontractors within the first sixty (60) days of their employment.</p> <p><i>During the first contract term, DPH will coordinate PCO and SSE training with the State BIH Program Office, and will coordinate BIH-MIS training with the San Diego State University (SDSU) BIH Evaluation Team. Thereafter, the Contractor is responsible for training all staff and subcontractors to implement PCO and SSE, and to perform data system activities.</i></p> <p>2.2d Provide staff and subcontractors training on perinatal health issues and other topics that will improve their knowledge and ability to perform program services competently. Training topics include, but are not limited to, those identified in the State PCO curriculum.</p>	<p>As scheduled</p> <p>07/15/07</p> <p>08/01/07 – 06/30/08</p> <p>07/01/07 – 06/30/08</p>	<p>2.2a Maintain training certificates in employee and subcontractors' files.</p> <p>2.2b Maintain training outline and DPH approval on file.</p> <p>2.2c Maintain training certificates in employee and subcontractors' files.</p> <p>2.2d Maintain training documentation in employee and subcontractors' files.</p>

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.3 By June 30, 2008, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the DPH Kicks Count Program and the DPH Techniques to Document Well Baby Visits and Immunizations.	<p>2.3a Staff and subcontractors will attend the DPH Kicks Count Education Program training.</p> <p>2.3b Train staff and subcontractors that do not attend the DPH training, the Contractor will use the DPH Kicks Count training outline to train staff and subcontractors within the first sixty (60) days of their employment.</p>	<p>As scheduled</p> <p>07/01/07 – 06/30/08</p>	<p>2.3a Maintain training certificates in employee and subcontractors' files.</p> <p>2.3b Maintain current DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>
<i>During the first contract term, DPH will conduct the Kicks Count Program and Techniques to Document Well Baby Visits and Immunizations trainings. Thereafter, the Contractor is responsible for training all staff and subcontractors performing PCO and SSE services.</i>	<p>2.3c Staff and subcontractors will attend the DPH Techniques to Document Well Baby Visits and Immunizations training.</p> <p>2.3d Train staff and subcontractors that do not attend the DPH training, the Contractor will use the DPH Techniques to Document Well Baby Visits and Immunizations outline to train staff and subcontractors within the first sixty (60) days of their employment.</p>	<p>As scheduled</p> <p>07/01/07 – 06/30/08</p>	<p>2.3c Maintain training certificates in employee and subcontractors' files.</p> <p>2.3d Maintain current DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
3.1 By June 30, 2008, the Contractor will increase awareness about African American infant mortality and BIH Program services by conducting culturally competent street-based community education in the target area and document 251 (minimum) community contacts.	<p>3.1a Review and update the community education contacts protocol. Submit protocol to DPH for approval.</p> <p>3.1b Update the resource directory/library and referral form(s) for staff and subcontractors to use for referral activities.</p> <p>3.1c Develop or use existing culturally appropriate flyers/literature to disseminate during community education activities. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p> <p>A community education contact is defined as speaking face-to-face with someone, or to a group of people, to inform them about African American infant mortality issues impacting the service area, and to identify African American women who are eligible for BIH services.</p>	<p>07/15/07</p> <p>07/15/07</p> <p>07/01/07 – 06/30/08</p>	<p>3.1a Maintain community education contacts protocol and DPH approval on file.</p> <p>3.1b Maintain an up-to-date resource directory/library and referral forms on file.</p> <p>3.1c Maintain materials and DPH approval(s) on file.</p> <p>3.1d Maintain itineraries on file.</p>

Target area - Antelope Valley: 93534, 93535, 93543, 93550, 93551, 93552, and 93591

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
3.1e	<p>Conduct community education contacts following the PCO curriculum and document activities. To validate (count) the contact, a completed Outreach Contact form must have at a minimum: a person's last name, first initial or name, residence zip code, phone number, date of contact, site name, zip code, and include the name of the staff or subcontractor making the contact. If contact was made with a potential client, also complete a CSI form. If contact was made at an event, also have a completed activity/event sign-in sheet and summary sheet. Submit activity/event summary sheet to DPH with the monthly report. The Contractor may use a copy of the Outreach Contact form found in the data forms book (greenbook), or can develop an Outreach Contact form for field use. The Contractor can only <u>make a copy of the CSI form because changes cannot be made to the State CSI form.</u></p>	07/01/07 – 06/30/08	3.1e Maintain an Outreach Activities Binder (organized by fiscal year and month) that contains completed Outreach Contact forms; Client Screening Instrument forms completed for women not enrolled in PCO; activity/event sign-in sheets and summary sheets. In monthly reports, document the number of activity/events conducted and the number of community education contacts.

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
4.1 By June 30, 2008, the Contractor will provide care coordination services to 74 (minimum) women enrolled in PCO.	<p>4.1a Review and update the care coordination protocol. Submit protocol to DPH for approval.</p> <p>Care coordination services are non-diagnostic (no medical or psychological diagnosis or treatment); CHOWs follow clients from a socioeconomic perspective only.</p> <p>4.1b Enroll women in PCO who meet program eligibility requirements (see total score and service decision on the CSI form). Submit a fiscal year-to-date BIH-MIS Caseload Report to DPH with the monthly report. CHOWs transfer the data on the Outreach Contact form onto the Outreach Contact form found in the greenbook, fill in any missing data, and file the original in the Outreach Activities Binder.</p> <p>A) CHOWs transfer the data from the copy of the CSI onto the CSI form found in the greenbook, and file the copy of the CSI in the client's file.</p> <p>C) Using the client's greenbook, the Data Clerk enters the new client's data into the BIH-MIS and obtains a BIH-MIS case number.</p> <p>4.1c Open a client file. Client files must be arranged in the same order and contain all administrative forms sited in the curriculum. All files must have up-to-date documentation of interactions with the client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also, maintain a list of incentives distributed to the clients, and a list of health education topics discussed with the client and signed-off by a staff/subcontractor signature and date. The Contractor must use file folders that can maintain the file's contents securely.</p>	<p>07/01/07 – 06/30/08</p> <p>07/01/07 – 06/30/08</p>	<p>4.1a Maintain care coordination protocol and DPH approval on file.</p> <p>4.1b Maintain Outreach Contact forms in the Outreach Activities Binder and file the copy of the CSI in the clients' files. Maintain the client's greenbook data in the BIH-MIS.</p> <p>4.1c Maintain client files confidentially in locked cabinets and ensure client files and BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review client files will be reviewed.</p>

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
4.2 By June 30, 2008, the Contractor will ensure all BIH staff and subcontractors implementing program services, provide follow-up services.	4.2a Train staff and subcontractors to conduct one-on-one health education about topics that will be discussed with a client throughout participation in BIH.	07/01/07 – 06/30/08	4.2a Maintain training documentation in employee and subcontractors' files.
	4.2b Staff and subcontractors will conduct follow-up services to ensure clients have access to perinatal, post-partum, well baby care, immunizations, and other services deemed essential and appropriate for the health and welfare of the clients (mother, index child, and other family members). Follow-up services include, but are not limited to: developing a care plan; making home visits; making referrals; conducting one-on-one health education; writing progress notes; completing client data forms; distributing incentives; participating in case conferences; coordinating other client-centered activities.	07/01/07 – 06/30/08	4.2b Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document follow-up services in the client files.
	4.2c Staff and subcontractors will initiate the Kicks Count Education Program with pregnant clients at 28 weeks of pregnancy. In collaboration with the prenatal provider, the client will be educated on fetal movement monitoring, and trained to complete Kicks Count diaries.	07/01/07 – 06/30/08	4.2c Maintain a copy of the Kicks Count Prenatal Care Provider letter, a copy of the client's 30-weeks, 34-weeks, and 38-weeks Kick Count diaries, and applicable progress notes in the client's file.

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BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
5.1 By June 30, 2008, the Contractor will conduct SSE classes and graduate 17 (minimum) clients.	<p>4.2d Following the current immunizations schedule, CHOWs will document the immunizations the index child(ren) has received. If immunizations are not up-to-date, CHOWs will encourage and assist clients to obtain the needed immunizations.</p>	07/01/07 – 06/30/08	<p>4.2d Maintain in the client's file applicable progress notes, and record immunization data in the greenbook.</p>
	<p>5.1a Review and update the SSE care coordination protocol. Submit protocol to DPH for approval.</p> <p>Clients are eligible to graduate upon completion of at least six (6) of the eight (8) SSE class sessions.</p>	09/01/07	<p>5.1a Maintain SSE care coordination protocol and DPH approval on file.</p> <p>5.1b Enroll PCO clients who are at moderate risk (based on a mid-range service decision score) in SSE.</p> <ul style="list-style-type: none"> A) Using the client's completed SSE forms, the SSE Facilitator transfers the data to the SSE pages of the client's greenbook. B) Using the SSE-client's greenbook data, the Data Clerk enters the SSE data into the BIH-MIS. <p>5.1c Choose a section of the client's care coordination file to maintain SSE information. SSE-client papers must be arranged in the same order and contain all administrative forms sited in the SSE curriculum. SSE files must have up-to-date documentation of interactions with</p>

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>the SSE client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also in the SSE section of the client's file, maintain a list of incentives distributed to the clients. The Contractor must use file folders that can maintain the SSE papers securely.</p> <p>A) For ease in accessing SSE client information, the SSE Facilitator may elect to maintain SSE client data in a temporary separate client file while a SSE class series is in session, as long as the client is enrolled in the class series. Upon graduating, or when the client is no longer participating in the current class series, all of the client's SSE forms must be placed in the care coordination file.</p>		

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BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
5.2 By June 30, 2008, the Contractor will ensure the SSE-client receives follow-up services.	<p>5.2a The SSE Facilitator will conduct follow-up SSE services to ensure clients are empowered through positive group support to make healthy lifestyle choices. Follow-up services include, but are not limited to: conducting SSE classes; collaborating with the clients CHOW to update the care plan; making a home visit; making referrals; writing SSE progress notes; completing SSE client data forms; distributing incentives; participating in case conferences; conducting other group health education forums; coordinating other client-centered activities.</p>	07/01/07 – 06/30/08	<p>5.2a Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document SSE follow-up services in the SSE section of the client's greenbook and file.</p>
	<p>5.2b Participate in the DPH SSE Observations Visit(s).</p> <p>A) MCAH will conduct annual observation visits(s) to assess the delivery of SSE classes to clients.</p>	07/01/07 – 06/30/08	<p>5.2b Maintain DPH SSE Observation Visit Evaluation(s) on file.</p>

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BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
6.1 By June 30, 2008, the Contractor will enter client data into the BIH-MIS.	6.1a The Contractor will install all necessary computer equipment. 6.1b The Contractor will install the State BIH-MIS software. 6.1c Review and update the data collection-data entry protocol. Submit protocol to DPH for approval.	07/15/07 07/15/07 09/01/07	6.1a At the BIH Program site, the Contractor has computer equipment that meets the State BIH-MIS specifications. 6.1b The software is installed. 6.1c Maintain data collection-data entry protocol and DPH approval on file.
	6.1d Input, update, and maintain client data in the State BIH-MIS.	07/01/07 – 06/30/08	6.1d Client data is successfully uploaded electronically each month to the Branaugh Information Group (BIG) Evaluation Team. At the annual program review a client's MIS data will be compared to the data found in the client's file.
	6.1e As specified by DPH, no later than the 15 th of each month submit BIH-MIS data reports along with the monthly report and invoice.	08/15/07 – 06/30/08	6.1e The DPH Contractor's Monthly Report and Invoice Log.

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BLACK INFANT HEALTH (BIH) PROGRAM
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JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
7.1 By June 30, 2008, the Contractor will develop a BIH program objective that clearly expands efforts to improve the health and well being of the clients' family.	<p>7.1a Designated staff and/or subcontractors will attend the DPH Perinatal Periods of Risk PPOR trainings and/or meetings.</p> <p>7.1b Implement the DPH-approved PPOR program objective.</p>	<p>As scheduled</p> <p>07/01/07 – 06/30/08</p>	<p>7.1a Maintain training certificates in employee and subcontractors files.</p> <p>7.1b Maintain Objective 7 documentation and DPH approval on file.</p>
8.1 By June 30, 2008, the Contractor will convene meetings with the BIH Community Advisory Board to obtain input and support for program activities, and to develop strategies to improve African American birth outcomes in the target area.	<p>8.1a The Contractor will identify and solicit a cross-section of community members to serve on the Community Advisory Board.</p> <p>8.1b The Contractor will select up to 21, but no fewer than 13, community members to serve on the BIH Community Advisory Board.</p> <p><i>For the State MCH annual report, DPH will give the Contractor a Committee Membership Form (Form 8) to complete and return to DPH by June 15, 2006.</i></p> <p>8.1c Hold quarterly (minimum) Community Advisory Board meetings.</p>	<p>08/01/07</p> <p>09/01/07</p> <p>07/01/07 – 06/30/08</p>	<p>8.1a Maintain letters of solicitation on file.</p> <p>8.1b Maintain on file a current roster of board members.</p> <p>8.1c Maintain Community Advisory Board meeting notices, agendas, and minutes on file.</p>

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
9.1 By June 30, 2008, the Contractor will conduct a culturally specific public awareness campaign to inform and to educate the community about the importance for early access into, and maintenance of prenatal care.	<p>9.1a In collaboration with the Community Advisory Board, the Contractor will review and update the 2006-07 campaign or develop a new First Trimester Enrollment Campaign. Campaign activities should include at least two (2) of the following activities: health fair; PSA; community meeting/event; flyer distribution. Submit campaign activity plans to DPH for approval at least 60 days prior to implementation.</p>	By 10/01/07	<p>9.1a Maintain Community Advisory Board meeting notices, agendas and minutes that document planning efforts. Maintain a copy of the First Trimester Enrollment Campaign plans and DPH approval on file.</p>
	<p>9.1b Conduct First Trimester Enrollment Campaign activities. If applicable, complete activity/event sign-in sheet(s) and summary sheet(s). Submit activity/event summary sheet(s) to DPH with the monthly report.</p>	07/01/07 – 06/30/08	<p>9.1b Maintain activity/event sign-in sheets and summary sheets in the Outreach Activities Binder.</p>
	<p>9.1c As a result of the campaign, enroll women in PCO who meet program eligibility requirements.</p>	10/01/07 – 06/30/08	<p>9.1c See Method(s) of Evaluation 4.1b</p>
10.1 By June 30, 2008, the Contractor will conduct one (1) <i>Celebrate Healthy Babies</i> (CHB) event to celebrate BIH clients' successes and to mobilize the community around the issue of African American infant mortality.	<p>10.1a In collaboration with the Community Advisory Board, the Contractor will plan and publicize the <i>Celebrate Healthy Baby's</i> event. Submit the CHB plan and publicity (PSA; flyers; print articles; etc.) to DPH for approval at least 90 days prior to a needed approval for the event.</p> <p>BIH Program funding cannot be used to purchase food for this event or for any BIH program activities.</p>	07/01/07 – 06/30/08	<p>10.1a Maintain Community Advisory Board meeting notices, agendas, and minutes that document planning efforts. Maintain the <i>Celebrate Healthy Babies</i> plan, publicity, and DPH approval on file.</p>

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
11.1 By June 30, 2008, the Contractor will educate pregnant clients on the causes of low birth weight.	<p>11.1a Develop or use existing educational materials to educate pregnant clients about the signs, symptoms, and causes (premature birth; drugs, alcohol, and tobacco use) of low birth weight. Submit created and existing educational materials to DPH for approval 30 days prior to intended use.</p> <p>11.1b On the list of health education topics, include the causes of low birth weight subjects and document the dates and staff or subcontractor who discussed causes of low birth weight with the client and who distributed educational materials to the client.</p>	07/01/07 – 06/30/08 08/01/07	<p>11.1a Maintain materials and DPH approval(s) on file.</p> <p>11.1b Maintain list of health education topics in client files.</p>
12.1 By June 30, 2008, the Contractor will refer BIH clients who use illicit substances, alcohol, and/or tobacco products to appropriate treatment programs.	<p>12.1a Provide staff and subcontractors training to identify clients who use alcohol, illicit substances, and or tobacco products.</p> <p>12.1b Develop or use existing perinatal-related alcohol, illicit drugs, and tobacco products educational materials to distribute to clients. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p>	07/01/07 – 06/30/08	<p>12.1a Maintain training documentation in employee and subcontractors' files.</p> <p>12.1b Maintain materials and DPH approval(s) on file.</p>
	<p>12.1c Identify treatment programs and develop Memorandums of Understanding (MOU).</p> <p>12.1d Staff and subcontractors will make appropriate referrals for clients in need of treatment services. Document referrals and final referral results in the greenbook on the Client Referral Tracking pages.</p>	07/01/07 – 06/30/08 07/01/07 – 06/30/08	<p>12.1c Maintain Memorandums of Understanding on file.</p> <p>12.1d At the annual program review client files will be reviewed.</p>

Exhibit A-5

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2007 through JUNE 30, 2008**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	12.1e Monitor the client's efforts to eliminate or reduce the risky behavior, and provide positive reinforcement to encourage and support the client. Supply the client with appropriate health education material and make applicable progress note entries.	07/01/07 – 06/30/08	12.1e At the annual program review client files will be reviewed.
13.1 By June 30, 2008, the Contractor in conjunction with the California SIDS Program, will educate clients and their families about SIDS deaths in the African American community, and about the strategies that may prevent SIDS.	<p>13.1a Review and update the SIDS Education form and literature. Submit the SIDS form and materials to DPH for approval.</p> <p>13.1b Conduct one-on-one SIDS education with clients at the following times: 8th month of pregnancy; within two (2) weeks after the baby's birth; at the mother-infant 6-month follow-up home visit.</p> <p>13.1c Within two (2) weeks after the baby's birth, staff or subcontractor will make a home visit to observe the newborn's sleeping position and sleeping area and provide the mother with appropriate feedback to reinforce the SIDS message.</p>	<p>08/01/07</p> <p>07/30/07 – 06/30/08</p>	<p>13.1a Maintain the SIDS Education form, educational materials, and DPH approval on file.</p> <p>13.1b Maintain an up-to-date SIDS Education form in the client's file.</p> <p>13.1c Maintain documentation of the observations and feedback on the SIDS Education form.</p>
14.1 By June 30, 2008, the Contractor will implement a Quality Improvement Plan (QIP) process for continually assessing the program's effectiveness in accomplishing the BIH mission, goals, and objectives.	14.1a Review and update the QIP and submit to DPH for approval. The QIP shall include the following components: Quality Improvement Committee, Written policies and Procedures, Client Feedback, Program Staff, Measurable	10/01/07	14.1a Maintain QIP and DPH approval on file. Maintain QI Committee documentation, written policies and procedures, Mid-Year, and Annual QI Summary Reports on file and make available at the annual program review.

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>Program/Service Quality Indicators, QIP Implementation, and QI Summary Reports. The QIP shall include the requirement for two (2) QI summary reports due mid-year and annually.</p> <p>These reports shall be developed by the QI Committee and signed by the Executive Director. The following reports shall be created:</p> <ul style="list-style-type: none"> A) Mid-Year QI Summary Report – Document areas of concern identified by the QI Committee; program performance indicators; results of process and outcome measures; data collected from client feedback; plans of corrective action. B) Annual QI Summary Report – Document outcomes of implementing plans of correction action; overall QI process performance. 	<p>12/15/07</p> <p>06/15/07</p>	

Exhibit A-5

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
15.1 Throughout the term of this agreement, maintain effective communication and program coordination with DPH to maximize program efforts and to ensure continuity in the countywide BIH Program.	15.1a Attend the monthly DPH BIH Team Meeting, and host one (1) of these meetings. Required attendees at the DPH BIH Team Meetings: Program Manager, SSE Facilitator, (1) CHOW. 15.1b Participate in other State BIH and/or DPH BIH meetings and activities.	07/01/07 – 06/30/08 As scheduled	15.1a Meeting sign-in sheets. 15.1b Meeting sign-in sheets.

SCHEDULE 4

BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY

PARTNERS IN CARE FOUNDATION

	<u>Budget Period</u>
	July 01, 2007 through <u>June 30, 2008</u>
Full-Time Salaries	\$149,236
Employee Benefits @ 28.83%	<u>43,025</u>
 Total Full-Time Salaries and Employee Benefits	 \$192,261
Part-Time Salaries	\$ 1,815
Employee Benefits @	<u>\$ -0-</u>
 Total Part-Time Salaries and Employee Benefits	 \$ 1,815
Total Salaries and Employee Benefits	\$194,076
Operating Expenses	\$ 19,719
Equipment	\$ -0-
Rent	\$ -0-
Subcontracts	\$ -0-
Indirect Cost @ 10% of Salaries	<u>\$ 15,105</u>
 TOTAL PROGRAM BUDGET	 \$228,900

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

Goals:

1. Reduce African American infant mortality through comprehensive community-based efforts by assuring that at-risk pregnant and parenting women and their children up to two years of age have access to quality maternal and child health services.
2. Increase the number of African American women who receive prenatal care in the first trimester.
3. Reduce the number of African American infants who weigh less than 2,500 grams at birth.
4. Reduce the number of African American women who smoke, use alcohol, and/or non-prescription drugs during pregnancy.
5. Reduce the number of African American babies who die due to Sudden Infant Death Syndrome (SIDS).
6. Reduce African American maternal mortality.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
1.1 By June 30, 2009, the Contractor will conduct a community-based Black Infant Health (BIH) Program that supports, facilitates, and promotes culturally competent and better health care services for at-risk African American women (18 years of age and older) who are pregnant or parenting a child under 2 years of age.	<p>1.1.a Maintain culturally competent staff to perform program services.</p> <p>The staff required to perform BIH services:</p> <p><u>Program Manager</u> – Coordinate and oversee the implementation of the State BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) models, and the Data Collection System (BIH-MIS). Serve as the program liaison to DPH.</p> <p><u>Minimum Requirement</u> – A Bachelors degree from an accredited college or university in health care or public administration, or a closely related field and three (3) years of highly responsible staff experience including the supervision of 5 or more employees.</p> <p><u>Community Health Outreach Workers</u> – Provide care coordination services as outlined in the PCO curriculum, and assist with SSE.</p> <p><u>Minimum Requirement</u> – High School diploma or GED and six (6) months experience working with the public or interacting with community groups providing information.</p>	<p>07/01/08 – 06/30/09</p> <p>Hire by 08/01/08</p>	<p>1.1a Maintain on file: current job descriptions; recruitment ads/bulletins/flyers; employment applications and supporting documents.</p>
	<p>A useful definition of cultural competence is: "Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."</p> <p>Characteristics that contribute to the "at-risk" status include, but is not limited to (1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal barriers, (4) pregnant/parenting women who require assistance in accessing and receiving Medicaid and other required services due to systemic or personal barriers, and (5) women who have an inadequate support system.</p>		<p>Hire by 08/01/08</p>

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p><u>Health Educator</u> – Facilitate the SSE curriculum and coordinate SSE effort with care coordination services.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in Health Education, Ethnic Studies, Social Work, or a closely related field <u>or</u> Three (3) years of recent experience conducting group presentations <u>and</u> working with at-risk or high risk African American women.</p>	Hire by 08/01/08	
	<p><u>Data Clerk/Administrative Assistant</u> – Perform BIH-MIS data entry and clerical support.</p> <p>Minimum Requirement – High School diploma or GED <u>and</u> one (1) year experience inputting significant amounts of data, <u>and</u> two (2) years experience performing general office duties including word processing, answering phones, and maintaining filing systems.</p>	Hire by 08/01/08	

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.1 By June 30, 2009, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated Maternal and Child Health (MCH) Federal Financial Participation (FFP) Program, and on the DPH Automated Time Study procedures.	<p>2.1a Staff and subcontractors will attend the State MCH FFP Program (Time Study) training.</p> <p>2.1b Staff and subcontractors will attend DPH Time Study Training, which includes training on the Automated Time Study software.</p>	As scheduled	<p>2.1a Maintain training certificates in employee and subcontractors' files.</p> <p>2.1b Maintain training certificates in employee and subcontractors' files.</p>
<i>During the first contract term, DPH will coordinate Time Study training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors.</i>		07/01/08 – 06/30/09	<p>2.1c Maintain current State-DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>
			<p>2.1d Maintain a copy of quarterly time study forms on file.</p>

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.2 By June 30, 2009, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) model interventions, BIH-MIS, and other relevant training.	<p>2.2a Staff and subcontractors will attend the State BIH PCO, SSE, and Data System (BIH-MIS) trainings.</p> <p>2.2b Review and update the PCO, SSE, and BIH-MIS training outline. Submit training outline to DPH for approval.</p>	As scheduled 07/15/08	<p>2.2a Maintain training certificates in employee and subcontractors' files.</p> <p>2.2b Maintain training outline and DPH approval on file.</p>
<i>During the first contract term, DPH will coordinate PCO and SSE training with the State BIH Program Office, and will coordinate BIH-MIS training with the San Diego State University (SDSU) BIH Evaluation Team. Thereafter, the Contractor is responsible for training all staff and subcontractors to implement PCO and SSE, and to perform data system activities.</i>	<p>2.2c Train staff and subcontractors that do not attend the State BIH trainings, use the DPH-approved PCO, SSE, and BIH-MIS training outline. The Contractor will conduct and complete training for staff and subcontractors within the first sixty (60) days of their employment.</p> <p>2.2d Provide staff and subcontractors training on perinatal health issues and other topics that will improve their knowledge and ability to perform program services competently. Training topics include, but are not limited to, those identified in the State PCO curriculum.</p>	08/01/08 – 06/30/09 07/01/08 – 06/30/09	<p>2.2c Maintain training certificates in employee and subcontractors' files.</p> <p>2.2d Maintain training documentation in employee and subcontractors' files.</p>

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.3 By June 30, 2009, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the DPH Kicks Count Program and the DPH Techniques to Document Well Baby Visits and Immunizations.	<p>2.3a Staff and subcontractors will attend the DPH Kicks Count Education Program training.</p> <p>2.3b Train staff and subcontractors that do not attend the DPH training, the Contractor will use the DPH Kicks Count training outline to train staff and subcontractors within the first sixty (60) days of their employment.</p> <p>2.3c Staff and subcontractors will attend the DPH Techniques to Document Well Baby Visits and Immunizations training.</p> <p>2.3d Train staff and subcontractors that do not attend the DPH training, the Contractor will use the DPH Techniques to Document Well Baby Visits and Immunizations outline to train staff and subcontractors within the first sixty (60) days of their employment.</p>	<p>As scheduled</p> <p>07/01/08 – 06/30/09</p> <p>As scheduled</p> <p>07/01/08 – 06/30/09</p>	<p>2.3a Maintain training certificates in employee and subcontractors' files.</p> <p>2.3b Maintain current DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p> <p>2.3c Maintain training certificates in employee and subcontractors' files.</p> <p>2.3d Maintain current DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>
<p><i>During the first contract term, DPH will conduct the Kicks Count Program and Techniques to Document Well Baby Visits and Immunizations trainings. Thereafter, the Contractor is responsible for training all staff and subcontractors performing PCO and SSE services.</i></p>			

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
3.1 By June 30, 2009, the Contractor will increase awareness about African American infant mortality and BIH Program services by conducting culturally competent street-based community education in the target area and document 251 (minimum) community contacts.	<p>3.1a Review and update the community education contacts protocol. Submit protocol to DPH for approval.</p> <p>3.1b Update the resource directory/library and referral form(s) for staff and subcontractors to use for referral activities.</p> <p>3.1c Develop or use existing culturally appropriate flyers/literature to disseminate during community education activities. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p> <p>A community education contact is defined as speaking face-to-face with someone, or to a group of people, to inform them about African American infant mortality issues impacting the service area, and to identify African American women who are eligible for BIH services.</p>	<p>07/15/08</p> <p>07/15/08</p> <p>07/01/08 – 06/30/09</p>	<p>3.1a Maintain community education contacts protocol and DPH approval on file.</p> <p>3.1b Maintain an up-to-date resource directory/library and referral forms on file.</p> <p>3.1c Maintain materials and DPH approvals on file.</p> <p>3.1d Maintain itineraries on file.</p>
<i>Target area - Antelope Valley: 93534, 93535, 93543, 93550, 93551, 93552, and 93591</i>	3.1d Schedule staff to conduct community education contacts in the target area. Staff and subcontractor itineraries must have a date, time, site name, zip code where the community education contact was made, and include a staff or subcontractor signature.	07/01/08 – 06/30/09	

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>3.1e Conduct community education contacts following the PCO curriculum and document activities. To validate (count) the contact, a completed Outreach Contact form must have at a minimum: a person's last name, first initial or name, residence zip code, phone number, date of contact, site name, zip code, and include the name of the staff or subcontractor making the contact. If contact was made with a potential client, also complete a CSI form. If contact was made at an event, also have a completed activity/event sign-in sheet and summary sheet. Submit activity/event summary sheet to DPH with the monthly report. The Contractor may use a copy of the Outreach Contact form found in the data forms book (greenbook), or can develop an Outreach Contact form for field use. The Contractor can only make a copy of the CSI form because changes cannot be made to the State CSI form.</p>	07/01/08 – 06/30/09	<p>3.1e Maintain an Outreach Activities Binder (organized by fiscal year and month) that contains completed Outreach Contact forms; Client Screening Instrument forms completed for women <u>not</u> enrolled in PCO; activity/event sign-in sheets and summary sheets. In monthly reports, document the number of activity/events conducted and the number of community education contacts.</p>

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
4.1 By June 30, 2009, the Contractor will provide care coordination services to 74 (minimum) women enrolled in PCO.	<p>4.1a Review and update the care coordination protocol. Submit protocol to DPH for approval.</p> <p>4.1b Enroll women in PCO who meet program eligibility requirements (see total score and service decision on the CSI form). Submit a fiscal year-to-date BIH-MIS Caseload Report to DPH with the monthly report. CHOWs transfer the data on the Outreach Contact form onto the Outreach Contact form found in the greenbook, fill in any missing data, and file the original in the Outreach Activities Binder.</p> <p>A) CHOWs transfer the data from the copy of the CSI onto the CSI form found in the greenbook, and file the copy of the CSI in the client's file.</p> <p>C) Using the client's greenbook, the Data Clerk enters the new client's data into the BIH-MIS and obtains a BIH-MIS case number.</p>	07/01/08 – 06/30/09	<p>4.1a Maintain care coordination protocol and DPH approval on file.</p> <p>4.1b Maintain Outreach Contact forms in the Outreach Activities Binder and file the copy of the CSI in the clients' files. Maintain the client's greenbook data in the BIH-MIS.</p>
	<p>4.1c Open a client file. Client files must be arranged in the same order and contain all administrative forms sited in the curriculum. All files must have up-to-date documentation of interactions with the client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also, maintain a list of incentives distributed to the clients, and a list of health education topics discussed with the client and signed-off by a staff/subcontractor signature and date. The Contractor must use file folders that can maintain the file's contents <u>securely</u>.</p>	07/01/08 – 06/30/09	<p>4.1c Maintain client files confidentially in locked cabinets and ensure client files and BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review client files will be reviewed.</p>

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
4.2 By June 30, 2009, the Contractor will ensure all BIH staff and subcontractors implementing program services, provide follow-up services.	<p>4.2a Train staff and subcontractors to conduct one-on-one health education about topics that will be discussed with a client throughout participation in BIH.</p> <p>4.2b Staff and subcontractors will conduct follow-up services to ensure clients have access to perinatal, post-partum, well baby care, immunizations, and other services deemed essential and appropriate for the health and welfare of the clients (mother, index child, and other family members). Follow-up services include, but are not limited to: developing a care plan; making home visits; making referrals; conducting one-on-one health education; writing progress notes; completing client data forms; distributing incentives; participating in case conferences; coordinating other client-centered activities.</p>	<p>07/01/08 – 06/30/09</p> <p>07/01/08 – 06/30/09</p>	<p>4.2a Maintain training documentation in employee and subcontractors' files.</p> <p>4.2b Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document follow-up services in the client files.</p>
	4.2c Staff and subcontractors will initiate the Kicks Count Education Program with pregnant clients at 28 weeks of pregnancy. In collaboration with the prenatal provider, the client will be educated on fetal movement monitoring, and trained to complete Kicks Count diaries.	07/01/08 – 06/30/09	Maintain a copy of the Kicks Count Prenatal Care Provider letter, a copy of the client's 30-weeks, 34-weeks, and 38-weeks Kick Count diaries, and applicable progress notes in the client's file.

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BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
5.1 By June 30, 2009, the Contractor will conduct SSE classes and graduate 17 (minimum) clients.	<p>4.2d Following the current immunizations schedule, CHOWs will document the immunizations the index child(ren) has received. If immunizations are not up-to-date, CHOWs will encourage and assist clients to obtain the needed immunizations.</p>	07/01/08 – 06/30/09	<p>4.2d Maintain in the client's file applicable progress notes, and record immunization data in the greenbook.</p>
	<p>5.1a Review and update the SSE care coordination protocol. Submit protocol to DPH for approval.</p> <p>5.1b Enroll PCO clients who are at moderate risk (based on a mid-range service decision score) in SSE.</p> <p>Clients are eligible to graduate upon completion of at least six (6) of the eight (8) SSE class sessions.</p>	<p>09/01/07</p> <p>07/01/08 – 06/30/09</p>	<p>5.1a Maintain SSE care coordination protocol and DPH approval on file.</p> <p>5.1b Maintain on file a SSE class roster for each SSE class series, and sign-in sheets for each SSE class session. Maintain the SSE-client's greenbook data in the BIH-MIS.</p> <p>A) Using the client's completed SSE forms, the SSE Facilitator transfers the data to the SSE pages of the client's greenbook. B) Using the SSE-client's greenbook data, the Data Clerk enters the SSE data into the BIH-MIS.</p> <p>5.1c Choose a section of the client's care coordination file to maintain SSE information. SSE-client papers must be arranged in the same order and contain all administrative forms sited in the SSE curriculum. SSE files must have up-to-date documentation of interactions with</p>

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>the SSE client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also in the SSE section of the client's file, maintain a list of incentives distributed to the clients. The Contractor must use file folders that can maintain the SSE papers <u>securely</u>.</p> <p>A) For ease in accessing SSE client information, the SSE Facilitator may elect to maintain SSE client data in a temporary separate client file while a SSE class series is in session, as long as the client is enrolled in the class series. Upon graduating, or when the client is no longer participating in the current class series, all of the client's SSE forms must be placed in the care coordination file.</p>		

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
5.2 By June 30, 2009, the Contractor will ensure the SSE-client receives follow-up services.	<p>5.2a The SSE Facilitator will conduct follow-up SSE services to ensure clients are empowered through positive group support to make healthy lifestyle choices. Follow-up services include, but are not limited to: conducting SSE classes; collaborating with the client's CHOW to update the care plan; making a home visit; making referrals; writing SSE progress notes; completing SSE client data forms; distributing incentives; participating in case conferences; conducting other group health education forums; coordinating other client-centered activities.</p>	07/01/08 – 06/30/09	<p>5.2a Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document SSE follow-up services in the SSE section of the client's greenbook and file.</p>
	<p>5.2b Participate in the DPH SSE Observations Visit(s).</p> <p>A) MCAH will conduct annual observation visit(s) to assess the delivery of SSE classes to clients.</p>	07/01/08 – 06/30/09	<p>5.2b Maintain DPH SSE Observation Visit Evaluation(s) on file.</p>

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BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
6.1 By June 30, 2009, the Contractor will enter client data into the BIH-MIS.	6.1a The Contractor will install all necessary computer equipment.	07/15/08	6.1a At the BIH Program site, the Contractor has computer equipment that meets the State BIH-MIS specifications.
	6.1b The Contractor will install the State BIH-MIS software.	07/15/08	6.1b The software is installed.
	6.1c Review and update the data collection-data entry protocol. Submit protocol to DPH for approval.	09/01/08	6.1c Maintain data collection-data entry protocol and DPH approval on file.
	6.1d Input, update, and maintain client data in the State BIH-MIS.	07/01/08 – 06/30/09	6.1d Client data is successfully uploaded electronically each month to the Branaugh Information Group (BIG) Evaluation Team. At the annual program review a client's MIS data will be compared to the data found in the client's file.
	6.1e As specified by DPH, no later than the 15 th of each month submit BIH-MIS data reports along with the monthly report and invoice.	08/15/08 – 06/30/09	6.1e The DPH Contractor's Monthly Report and Invoice Log.

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BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>7.1 By June 30, 2009, the Contractor will develop a BIH program objective that clearly expands efforts to improve the health and well being of the clients' family.</p>	<p>7.1a Designated staff and/or subcontractors will attend the DPH Perinatal Periods of Risk PPOR trainings and/or meetings.</p> <p>7.1b Implement the DPH-approved PPOR program objective.</p>	As scheduled 07/01/08 – 06/30/09	<p>7.1a Maintain training certificates in employee and subcontractors' files.</p> <p>7.1b Maintain Objective 7 documentation and DPH approval on file.</p>
<p>8.1 By June 30, 2009, the Contractor will convene meetings with the BIH Community Advisory Board to obtain input and support for program activities, and to develop strategies to improve African American birth outcomes in the target area.</p> <p><i>For the State MCH annual report, DPH will give the Contractor a Committee Membership Form (Form 8) to complete and return to DPH by June 15, 2006.</i></p>	<p>8.1a The Contractor will identify and solicit a cross-section of community members to serve on the Community Advisory Board.</p> <p>8.1b The Contractor will select up to 21, but no fewer than 13, community members to serve on the BIH Community Advisory Board.</p> <p>8.1c Hold quarterly (minimum) Community Advisory Board meetings.</p>	08/01/08 09/01/08 07/01/08 – 06/30/09	<p>8.1a Maintain letters of solicitation on file.</p> <p>8.1b Maintain on file a current roster of board members.</p> <p>8.1c Maintain Community Advisory Board meeting notices, agendas, and minutes on file.</p>

Exhibit A-6

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
9.1 By June 30, 2009, the Contractor will conduct a culturally specific public awareness campaign to inform and to educate the community about the importance for early access into, and maintenance of prenatal care.	<p>9.1a In collaboration with the Community Advisory Board, the Contractor will review and update the 2007-08 campaign or develop a new First Trimester Enrollment Campaign. Campaign activities should include at least two (2) of the following activities: health fair; PSA; community meeting/event; flyer distribution. Submit campaign activity plans to DPH for approval at least 60 days prior to implementation.</p> <p>9.1b Conduct First Trimester Enrollment Campaign activities. If applicable, complete activity/event sign-in sheet(s) and summary sheet(s). Submit activity/event summary sheet(s) to DPH with the monthly report.</p> <p>9.1c As a result of the campaign, enroll women in PCO who meet program eligibility requirements.</p>	<p>By 10/01/08</p> <p>07/01/08 – 06/30/09</p> <p>10/01/08 – 06/30/09</p>	<p>9.1a Maintain Community Advisory Board meeting notices, agendas and minutes that document planning efforts. Maintain a copy of the First Trimester Enrollment Campaign plans and DPH approval on file.</p> <p>9.1b Maintain activity/event sign-in sheets and summary sheets in the Outreach Activities Binder.</p> <p>9.1c See Method(s) of Evaluation 4.1b</p>
10.1 By June 30, 2009, the Contractor will conduct one (1) <i>Celebrate Healthy Babies</i> (CHB) event to celebrate BIH clients' successes and to mobilize the community around the issue of African American infant mortality.	In collaboration with the Community Advisory Board, the Contractor will plan and publicize the <i>Celebrate Healthy Babies</i> event. Submit the CHB plan and publicity (PSA; flyers; print articles; etc.) to DPH for approval at least 90 days prior to a needed approval for the event.	07/01/08 – 06/30/09	Maintain Community Advisory Board meeting notices, agendas, and minutes that document planning efforts. Maintain the <i>Celebrate Healthy Babies</i> plan, publicity, and DPH approval on file.
	BIH Program funding cannot be used to purchase food for this event or for any BIH program activities.		

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BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
11.1 By June 30, 2009, the Contractor will educate pregnant clients on the causes of low birth weight.	<p>11.1a Develop or use existing educational materials to educate pregnant clients about the signs, symptoms, and causes (premature birth, drugs, alcohol, and tobacco use) of low birth weight. Submit created and existing educational materials to DPH for approval 30 days prior to intended use.</p> <p>11.1b On the list of health education topics, include the causes of low birth weight subjects and document the dates and staff or subcontractor who discussed causes of low birth weight with the client and who distributed educational materials to the client.</p>	<p>07/01/08 – 06/30/09</p> <p>08/01/08</p>	<p>11.1a Maintain materials and DPH approval(s) on file.</p> <p>11.1b Maintain list of health education topics in client files.</p>
12.1 By June 30, 2009, the Contractor will refer BIH clients who use illicit substances, alcohol, and/or tobacco products to appropriate treatment programs.	<p>12.1a Provide staff and subcontractors training to identify clients who use alcohol, illicit substances, and or tobacco products.</p> <p>12.1b Develop or use existing perinatal-related alcohol, illicit drugs, and tobacco products educational materials to distribute to clients. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p> <p>12.1c Identify treatment programs and develop Memorandums of Understanding (MOU).</p> <p>12.1d Staff and subcontractors will make appropriate referrals for clients in need of treatment services. Document referrals and final referral results in the greenbook on the Client Referral Tracking pages.</p>	<p>07/01/08 – 06/30/09</p> <p>07/01/08 – 06/30/09</p> <p>07/01/08 – 06/30/09</p>	<p>12.1a Maintain training documentation in employee and subcontractors' files.</p> <p>12.1b Maintain materials and DPH approval(s) on file.</p> <p>12.1c Maintain Memorandums of Understanding on file.</p> <p>12.1d At the annual program review client files will be reviewed.</p>

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BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	12.1e Monitor the client's efforts to eliminate or reduce the risky behavior, and provide positive reinforcement to encourage and support the client. Supply the client with appropriate health education material and make applicable progress note entries.	07/01/08 – 06/30/09	12.1e At the annual program review client files will be reviewed.
13.1 By June 30, 2009, the Contractor in conjunction with the California SIDS Program, will educate clients and their families about SIDS deaths in the African American community, and about the strategies that may prevent SIDS.	<p>13.1a Review and update the SIDS Education form and literature. Submit the SIDS form and materials to DPH for approval.</p> <p>13.1b Conduct one-on-one SIDS education with clients at the following times: 8th month of pregnancy; within two (2) weeks after the baby's birth; at the mother-infant 6-month follow-up home visit.</p>	<p>08/01/08</p> <p>07/30/08 – 06/30/09</p>	<p>13.1a Maintain the SIDS Education form, educational materials, and DPH approval on file.</p> <p>13.1b Maintain an up-to-date SIDS Education form in the client's file.</p>
	13.1c Within two (2) weeks after the baby's birth, staff or subcontractor will make a home visit to observe the newborn's sleeping position and sleeping area and provide the mother with appropriate feedback to reinforce the SIDS message.	07/30/08 – 06/30/09	13.1c Maintain documentation of the observations and feedback on the SIDS Education form.
14.1 By June 30, 2009, the Contractor will implement a Quality Improvement Plan (QIP) process for continually assessing the program's effectiveness in accomplishing the BIH mission, goals, and objectives.	14.1a Review and update the QIP and submit to DPH for approval. The QIP shall include the following components: Quality Improvement Committee, Written policies and Procedures, Client Feedback, Program Staff, Measurable	10/01/08	14.1a Maintain QIP and DPH approval on file. Maintain QI Committee documentation, written policies and procedures, Mid-Year, and Annual QI Summary Reports on file and make available at the annual program review.

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**BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK**
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>Program/Service Quality Indicators, QIP Implementation, and QI Summary Reports. The QIP shall include the requirement for two (2) QI summary reports due mid-year and annually.</p> <p>These reports shall be developed by the QI Committee and signed by the Executive Director. The following reports shall be created:</p> <p>A) Mid-Year QI Summary Report – Document areas of concern identified by the QI Committee; program performance indicators; results of process and outcome measures; data collected from client feedback; plans of corrective action.</p> <p>B) Annual QI Summary Report – Document outcomes of implementing plans of correction action; overall QI process performance.</p>	12/15/08 06/15/08	

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BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
15.1 Throughout the term of this agreement, maintain effective communication and program coordination with DPH to maximize program efforts and to ensure continuity in the countywide BIH Program.	15.1a Attend the monthly DPH BIH Team Meeting, and host one (1) of these meetings. Required attendees at the DPH BIH Team Meetings: Program Manager, SSE Facilitator, (1) CHOW. 15.1b Participate in other State BIH and/or DPH BIH meetings and activities.	07/01/08 – 06/30/09 As scheduled	15.1a Meeting sign-in sheets. 15.1b Meeting sign-in sheets.

SCHEDULE 5

BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY

PARTNERS IN CARE FOUNDATION

Budget Period

July 01, 2008
through
June 30, 2009

Full-Time Salaries	\$149,236
Employee Benefits @ 28.83%	<u>43,025</u>
Total Full-Time Salaries and Employee Benefits	\$192,261
Part-Time Salaries	\$ 1,815
Employee Benefits @	<u>\$ -0-</u>
Total Part-Time Salaries and Employee Benefits	\$ 1,815
Total Salaries and Employee Benefits	\$194,076
Operating Expenses	\$ 19,719
Equipment	\$ -0-
Rent	\$ -0-
Subcontracts	\$ -0-
Indirect Cost @ 10% of Salaries	<u>\$ 15,105</u>
TOTAL PROGRAM BUDGET	\$228,900

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.